



What you need to know...

Your Retirement Application and Options

Your Retirement Application and Options

Objectives

- Explain the difference between a survivor and beneficiary
- Overview of the retirement payment options
- Review the benefit payout for the most common retirement payment options
- Discuss the sections of the Service Retirement Application
- Identify supporting documentation and forms

Your Retirement Application and Options

Beneficiary vs. Survivor

- Beneficiary – can be anyone of your choosing and is not set by law
 - Your spouse/domestic partner may have a community property claim
- Survivor – state law determines who, if anyone, receives benefits as a survivor

Your Retirement Application and Options

Survivor Continuance

- A monthly benefit paid after your death in retirement to an eligible survivor
- Your employer pays for the benefit
- Provided by law to all State and School members
- Public Agency members receive this **only** if their employer contracts for this benefit

Your Retirement Application and Options

Eligible Survivors

- Order of eligibility:
 - Spouse or registered domestic partner
 - Unmarried children under age 18
 - Unmarried disabled children who became disabled prior to age 18 and whose continuing disability renders them unable to hold gainful employment
 - Parents who are economically dependent on you

Your Retirement Application and Options

Survivor Continuance Benefit Amount

- The amount is based on whether or not you contribute to Social Security
- With Social Security, your survivor will receive 25% of your unmodified allowance
- Without Social Security, your survivor will receive 50% of your unmodified allowance

Your Retirement Application and Options

Survivor Continuance Benefit Amount (continued)

- It is the same dollar amount regardless of what retirement payment option you elect
- It is payable to your eligible survivor no matter what payment option you select or who you name as a beneficiary

Your Retirement Application and Options

A Retirement Payment Option

- Determines what benefits your beneficiary receives after your death
- Most payment options require a reduction in your retirement income in order to provide a benefit to your beneficiary
- The reduction is based on actuarial factors of age for both you and your beneficiary
- You must select a payment option on your retirement application

Your Retirement Application and Options

Retirement Options

- The Unmodified Allowance
- Option 1
- Option 2
- Option 2W
- Option 3
- Option 3W
- Option 4

Your Retirement Application and Options

Meet Sally Sample

Sally is a CalPERS member planning for retirement.

To help her decide which option is best for her, she orders a CalPERS generated retirement estimate.



Your Retirement Application and Options

Sally Sample's Retirement Estimate

To calculate Sally's estimate, CalPERS uses her account information and the following details she provides:

- She plans to retire on her 55th birthday
- She will name her husband as her beneficiary
- Her husband is one year older than she is

Your Retirement Application and Options

Unmodified Allowance Highest monthly allowance payable. Benefit ends at your death. The only benefit payable is the lump sum death benefit.	For you	\$1433
	For your survivor	\$358

Your Retirement Application and Options

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Your Retirement Application and Options

Option 1 Less than the Unmodified Allowance but provides that if there are any member contributions remaining at the time of your death, the balance would be paid to your designated beneficiary(ies) in a lump sum. The Option 1 allowance does not provide a monthly allowance to a beneficiary after the member's death.	For you	\$1421
	For your beneficiary	Your total contributions of \$60,000.00 will be reduced by \$462.10 for each month that you receive an allowance. Your contributions will be reduced to zero in approximately 10.82 years.
	For your survivor	\$358
	For you, if your beneficiary predeceases you	\$1421

Your Retirement Application and Options

Option 1

Less than the Unmodified Allowance but provides that if there are any member contributions remaining at the time of your death, the balance would be paid to your designated beneficiary(ies) in a lump sum. The Option 1 allowance does not provide a monthly allowance to a beneficiary after the member's death.

For you

\$1421

For your beneficiary

Your total contributions of \$60,000.00 will be reduced by \$462.10 for each month that you receive an allowance. Your contributions will be reduced to zero in approximately 10.82 years.

For your survivor

\$358

For you, if your beneficiary predeceases you

\$1421

Your Retirement Application and Options

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Your Retirement Application and Options

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\$1421

Your Retirement Application and Options

Option 2

Lowest monthly allowance payable to you. Upon your death, CalPERS pays out the same monthly allowance. Returns to the Unmodified Allowance amount if your beneficiary predeceases you.

For you

\$1357

For your beneficiary

\$999

For your survivor

\$358

For you, if your beneficiary predeceases you

\$1433

Your Retirement Application and Options

Option 2

Lowest monthly allowance payable to you. Upon your death, CalPERS pays out the same monthly allowance. Returns to the Unmodified Allowance amount if your beneficiary predeceases you.

For you

\$1357

For your beneficiary

\$999

For your survivor

\$358

For you, if your beneficiary predeceases you

\$1433

Your Retirement Application and Options

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Your Retirement Application and Options

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For your beneficiary

\$999

For your survivor

\$358

For you, if your beneficiary predeceases you

\$1433

Your Retirement Application and Options

Option 2W

This is just like Option 2, except it does not return to the Unmodified allowance amount if your beneficiary predeceases you. In exchange, the allowance to you and your beneficiary is slightly higher

For you

\$1369

For your beneficiary

\$1011

For your survivor

\$358

For you, if your beneficiary predeceases you

\$1369

Your Retirement Application and Options

Option 2W

This is just like Option 2, except it does not return to the Unmodified allowance amount if your beneficiary predeceases you. In exchange, the allowance to you and your beneficiary is slightly higher

For you

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For your beneficiary

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For your survivor

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For you	\$1369
For your beneficiary	\$1011
For your survivor	\$358
For you, if your beneficiary predeceases you	\$1369

Your Retirement Application and Options

Option 3

Provides a higher allowance than under Option 2, but upon your death your beneficiary receives a lower allowance. Returns to the Unmodified allowance amount if your beneficiary predeceases you.

For you

\$1393

For your beneficiary

\$517

For your survivor

\$358

For you, if your beneficiary predeceases you

\$1433

Your Retirement Application and Options

Option 3

Provides a higher allowance than under Option 2, but upon your death your beneficiary receives a lower allowance. Returns to the Unmodified allowance amount if your beneficiary predeceases you.

For you

\$1393

For your beneficiary

\$517

For your survivor

\$358

For you, if your beneficiary predeceases you

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Your Retirement Application and Options

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Your Retirement Application and Options

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For you

\$1393

For your beneficiary

\$517

For your survivor

\$358

For you, if your beneficiary predeceases you

\$1433

Your Retirement Application and Options

Option 3W

This is just like Option 3, except it does not return to the Unmodified allowance amount if your beneficiary predeceases you. In exchange, the allowance to you and your beneficiary is slightly higher

For you

\$1401

For your beneficiary

\$521

For your survivor

\$358

For you, if your beneficiary predeceases you

\$1401

Your Retirement Application and Options

Option 3W

This is just like Option 3, except it does not return to the Unmodified allowance amount if your beneficiary predeceases you. In exchange, the allowance to you and your beneficiary is slightly higher

For you	\$1401
For your beneficiary	\$521
For your survivor	\$358
For you, if your beneficiary predeceases you	\$1401

Your Retirement Application and Options

Option 3W

This is just like Option 3, except it does not return to the Unmodified allowance amount if your beneficiary predeceases you. In exchange, the allowance to you and your beneficiary is slightly higher

For you

\$1401

For your beneficiary

\$521

For your survivor

\$358

For you, if your beneficiary predeceases you

\$1401

Your Retirement Application and Options

Option 3W

This is just like Option 3, except it does not return to the Unmodified allowance amount if your beneficiary predeceases you. In exchange, the allowance to you and your beneficiary is slightly higher

For you

\$1401

For your beneficiary

\$521

For your survivor

\$358

For you, if your beneficiary predeceases you

\$1401

Your Retirement Application and Options

Option 4

- Option 2W & Option 1 combined
- Option 3W & Option 1 combined
- Specific dollar amount to a beneficiary
- Specific percentage to a beneficiary
- Reduced allowance for fixed period
- Multiple lifetime beneficiaries
- Reduction on death of retiree or named beneficiary

Your Retirement Application and Options

Retirement Benefit Estimate

- Within three years of retirement
 - Download and complete the *Retirement Allowance Estimate Request* form, or
 - Fill out the online estimate request form and submit it electronically, or
 - Call CalPERS at **888 CalPERS** (or **888-225-7377**)
- More than three years from retirement
 - my|CalPERS Calculate My Retirement

Your Retirement Application and Options

Retirement Payment Options Facts

- A variety of payment options
- Option choice impacts your benefit for life
- Select payment option on retirement application
- Option choice is irrevocable
- Make an informed choice

Your Retirement Application and Options

Service Retirement Election Application

- The application is in *A Guide to Completing Your CalPERS Service Retirement Election Application*
- This publication also includes information about:
 - Creating a retirement planning checklist
 - Health, dental and vision
 - Taxes
 - Working after retirement

Your Retirement Application and Options



Service Retirement Election Application

(888) CalPERS (225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

Please do not mail or deliver your application to CalPERS more than 90 days before your retirement date.

Section 1

Please provide your name as it appears on your Social Security card.

Please display all dates in this order: month/day/year.

Information About You

Name (First Name, Middle Initial, Last Name) Social Security Number

Address

City State ZIP Country

Birth Date (mm/dd/yyyy) ☐ Male ☐ Female () ()
Gender Home Phone Work Phone



Your Retirement Application and Options

Section 2

Please do not abbreviate
your employer or position.

Information About Your Retirement

Please refer to the detailed instructions in this publication.

Retirement Date (mm/dd/yyyy)

Employer

Position Title

Your Retirement Application and Options

Section 2 – Temporary Annuity

The Temporary Annuity benefit for which you are eligible is based on your CalPERS membership date.

Temporary Annuity - If you select this benefit, you must also fill out Section 3d, Option 1 Balance of Contributions and/or Temporary Annuity Balance beneficiary(ies).

To provide for an additional Temporary Annuity Allowance, you elect to reduce your monthly allowance for life. ☐ No ☐ Yes

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____.
(62 to 70) Dollars

The amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

..... or

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____ per month.
(59½ or whole age 60 to 68) Dollars

Your Retirement Application and Options

Section 2 – Final Compensation Period & Other Public Retirement Systems

Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

☐ No ☐ Yes, from _____ to _____
Beginning Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)

Do not list Social Security,
military or railroad
retirement as a California
public retirement system.

Other California Public Retirement Systems

Are you a member of a California public retirement system other than CalPERS? ☐ No ☐ Yes, provide:

Name of System

Retirement Date (mm/dd/yyyy) Beginning Service Credit Date (mm/dd/yyyy) Ending Service Credit Date (mm/dd/yyyy)

Your Retirement Application and Options

Put your name and
Social Security number
at the top of every page

Your Name

Social Security Number

Section 3

Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary. Once you select a payment option, you cannot change to another option. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 3a-3d. If you choose the Unmodified Allowance Option, you do not need to specify a beneficiary. Please refer to the detailed instructions in this publication for more information.

Select only one payment
option: Option 1, Option 2,
Option 2W, Option 3,
Option 3W, the Unmodified
Allowance Option, or one of
the Option 4 types.

- ☐ **Option 1** - To complete this option choice, you must also fill out Section 3d, *Balance of Contributions Beneficiary*.
- ☐ **Option 2** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 2W** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 3** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 3W** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Unmodified Allowance Option** - If you select this option there is no return of your member contributions and no monthly benefits payable upon your death - except the Survivor Continuance Benefit, if applicable. There is no beneficiary designation for this option.

Your Retirement Application and Options

Section 3 – Select Your Retirement Option and Beneficiary (continued)

These options apply
to Option 4 Individual
Lifetime Beneficiary only.

☐ **Option 4, Individual Lifetime Beneficiary** - If you select this option, you must also select one of the following Individual Lifetime Beneficiary options below.

☐ **Option 2W & Option 1 Combined** - To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary* and Section 3d *Balance of Contributions Beneficiary*.

☐ **Option 3W & Option 1 Combined** - To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary* and Section 3d *Balance of Contributions Beneficiary*.

☐ **Specific Dollar Amount to Beneficiary** \$ _____ - To complete this option choice, you must also fill out
Section 3a *Individual Lifetime Beneficiary* Dollars

☐ **Specific Percentage to Beneficiary** _____ % - To complete this option choice, you must also fill out
Section 3a *Individual Lifetime Beneficiary* Percent

☐ **Reduced Allowance for Fixed Period of Time** _____ through _____ .
Percent or Dollars Date (month/year)

☐ **Reduced Allowance upon death of retiree or beneficiary:** \$ _____ reduction amount
Dollars

If you are naming a beneficiary under this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

Your Retirement Application and Options

Section 3 – Select Your Retirement Option and Beneficiary (continued)

This option applies to
**Option 4 Multiple Lifetime
Beneficiaries only.**

- ☐ **Option 4, Multiple Lifetime Beneficiaries** - To complete this option choice, you must also fill out Section 3b *Multiple Lifetime Beneficiaries*.
-

These options apply to
**Option 4, Court Ordered
Community Property only.**

- ☐ **Option 4, Court Ordered Community Property** - If you select this option, you must also complete section 3c, *Court Ordered C.P. Beneficiary* and select one of the following Court Ordered Community Property options.
- ☐ **Option 4/Unmodified** - There is no additional beneficiary designation for this option.
 - ☐ **Option 4/1** - To complete this option choice, you must also fill out Section 3d, *Balance of Contributions Beneficiary*.
 - ☐ **Option 4/2W** - To complete this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
 - ☐ **Option 4/3W** - To complete this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

Your Retirement Application and Options

Section 3a

Designate one beneficiary and provide all of that person's information including full name.

Option 2, 2W, 3, 3W or 4 Individual Lifetime Beneficiary

Complete this section only if you chose either Option 2, 2W, 3, 3W or Option 4 Individual Lifetime Beneficiary or Option 4/2W or 4/3W Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	
Address			
City	State	ZIP	Country

Your Retirement Application and Options

Section 3b

If you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

Option 4 Multiple Lifetime Beneficiaries

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries.

Name (First Name, Middle Initial, Last Name)			Social Security Number
--	--	--	------------------------

Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	Dollar/Percent of Benefit
-------------------------	---	---------------------	---------------------------

Address

City	State	ZIP	Country
------	-------	-----	---------

Name (First Name, Middle Initial, Last Name)			Social Security Number
--	--	--	------------------------

Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	Dollar/Percent of Benefit
-------------------------	---	---------------------	---------------------------

Address

City	State	ZIP	Country
------	-------	-----	---------

Your Retirement Application and Options

Section 3c

List only the
Option 4 beneficiary
that is required by your
court order.

Court Ordered Option 4 Community Property Beneficiary

Complete this section only if you selected Option 4 Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	
Address			
City	State	ZIP	Country

Your Retirement Application and Options

Section 3d

Designate up to 3 beneficiaries here. If you want to designate more than 3 beneficiaries or name different beneficiaries for the Option 1 balance and the Temporary Annuity balance, see information in this publication on completing the Post Retirement Lump Sum Beneficiary Designation form.

Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(ies)

Complete this section only if you selected Option 1, Option 4-2W/1 or 3W/1 combined or the Temporary Annuity allowance. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

_____	_____ - _____
Name (First Name, Middle Initial, Last Name)	Social Security Number

_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
Birth Date (mm/dd/yyyy)	Gender	Relationship to You

Address

_____	_____	_____	_____
City	State	ZIP	Country

_____	_____ - _____
Name (First Name, Middle Initial, Last Name)	Social Security Number

_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
Birth Date (mm/dd/yyyy)	Gender	Relationship to You

Address

_____	_____	_____	_____
City	State	ZIP	Country

Your Retirement Application and Options

Section 4

All Applicants must complete this section.

Designate your beneficiary to receive your Lump-Sum Retired Death Benefit.

Retired Death Benefit

This section designates the person who will receive your Lump-Sum Retired Death Benefit. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

_____	_____ - ____
Name (First Name, Middle Initial, Last Name)	Social Security Number

_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
Birth Date (mm/dd/yyyy)	Gender	Relationship to You

Address

_____	_____	_____	_____
City	State	ZIP	Country

_____	_____ - ____
Name (First Name, Middle Initial, Last Name)	Social Security Number

_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
Birth Date (mm/dd/yyyy)	Gender	Relationship to You

Address

_____	_____	_____	_____
City	State	ZIP	Country

Your Retirement Application and Options

Section 5

Please answer
all five questions and
complete the information
in each section where you
answered "yes".

Survivor Continuance

Please refer to the detailed instructions in this publication for more information.

1. Will you be married on and at least one year prior to your retirement date? ☐ No ☐ Yes, provide:

_____ Name of Spouse (First Name, Middle Initial, Last Name)		____ - ____ Social Security Number
_____ Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Date of Marriage

2. Will you be registered with the California Secretary of State as being in a domestic partnership on and at least one year prior to your retirement date? ☐ No ☐ Yes, provide:

_____ Name of Domestic Partner (First Name, Middle Initial, Last Name)		____ - ____ Social Security Number
_____ Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Date of Registered Partnership (mm/dd/yyyy)

Your Retirement Application and Options

Section 5 – Survivor Continuance (continued)

3. Do you have any natural or adopted unmarried children under age 18? ☐ No ☐ Yes, provide:

_____	_____	_____
Name of Child (First Name, Middle Initial, Last Name)	Social Security Number	Birth Date (mm/dd/yyyy)

_____	_____	_____
Name of Child (First Name, Middle Initial, Last Name)	Social Security Number	Birth Date (mm/dd/yyyy)

4. Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled? ☐ No ☐ Yes, provide:

_____	_____	_____
Name of Child (First Name, Middle Initial, Last Name)	Social Security Number	Birth Date (mm/dd/yyyy)

_____	_____	_____
Name of Child (First Name, Middle Initial, Last Name)	Social Security Number	Birth Date (mm/dd/yyyy)

5. Are your parents dependent upon you for one-half of their support? ☐ No ☐ Yes, provide:

_____	_____	_____
Name of Parent (First Name, Middle Initial, Last Name)	Social Security Number	Birth Date (mm/dd/yyyy)

_____	_____	_____
Name of Parent (First Name, Middle Initial, Last Name)	Social Security Number	Birth Date (mm/dd/yyyy)

Your Retirement Application and Options

Section 6

Last Day on Payroll

Please enter the last day you received compensation.

(mm/dd/yyyy)

Section 7

Employer Certification

Have your employer complete this section.

Please refer to the detailed instructions in this publication for more information.

Do not detach from application.

This certification is not required if you are or were separated from employment for more than four months before your retirement date.

Employee's Last Day on Payroll (mm/dd/yyyy)

Employee's Separation Date (mm/dd/yyyy)

Balance of unused sick leave hours on employee's date of separation _____ ÷ 8 = _____
Hours Days

Balance of educational leave hours on employee's date of separation _____ ÷ 8 = _____
Hours Days

By signing below, you hereby certify, under the penalty of perjury, that the above information is true, complete, and correct to the best of your knowledge. Any changes to this information must be submitted on an Amended Employer Certification form.

Signature of Employer

Print Name (First Name, Middle Initial, Last Name)

Position Title of Employer

()
Phone Number of Employer

Date (mm/dd/yyyy)

Your Retirement Application and Options

Section 8

Please choose one only.

Tax Withholding Election

Federal Income Tax information. Please refer to the detailed instructions in this publication for more information.

- ☐ Do not withhold federal income tax.
- ☐ Withhold federal income tax in the amount of \$_____ per month.
Dollars
- ☐ Withhold federal income tax based on the tax tables for:
 - ☐ A married individual with _____ tax withholding exemptions.
Number
 - ☐ A single individual with _____ tax withholding exemptions.
Number

In addition to the amount withheld based on the tax tables, withhold \$_____ per month.
Dollars

Your Retirement Application and Options

Section 8 – Tax Withholding Election (continued)

Please choose one only.

State withholding
is optional for
out-of-state residents.

State Income Tax information. Please refer to the detailed instructions in this publication for more information.

- ☐ Do not withhold State of California Income tax.
- ☐ Withhold State of California income tax in the amount of \$ _____ per month.
Dollars
- ☐ Withhold State of California income tax based on the tax tables for:
 - ☐ A married individual with _____ tax withholding exemptions.
Number
 - ☐ A single individual with _____ tax withholding exemptions.
Number

In addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars

- ☐ Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.

Your Retirement Application and Options

Section 9

This section must be completed or your application will be returned.

If your spouse's or domestic partner's signature is not available, See instructions in this publication on completing the Justification for Absence of Signature form. Your signature and your spouse's or domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative.

Member Signature and Notary

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand to cancel this application or to change the elected option or beneficiary I must notify CalPERS before the mailing of my first full monthly retirement allowance check.

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or partner as beneficiary, they may still be entitled to a community property share of the Option 1 lump sum return of contributions benefit or a share of the monthly option death benefit allowance. Their community property interest is 50% of the benefit based on the contributions or service credit earned for the period of CalPERS service during which we were married or in a registered partnership. My non-spouse or non-partner designated beneficiary will receive the portion of the lump sum Option 1 benefit or monthly option allowance that is not payable to my spouse or domestic partner. I understand that my spouse or domestic partner will have the right to disclaim entitlement to their community property interest in the death benefit at the time the benefit becomes payable, if they so desire.

More detailed information on this section is available in this publication.

Are you legally married or do you have a legal domestic partner? ☐ Yes ☐ No

If yes, your spouse or domestic partner must sign this election.

If no, please indicate: ☐ Never Married/or in Partnership ☐ Divorced/Annulled
☐ Widowed Or Termination of Domestic Partnership

Your Retirement Application and Options

Section 9 – Member Signature and Notary (continued)

Your Signature Date (mm/dd/yyyy)

Your Spouse's or Domestic Partner's Signature Date (mm/dd/yyyy)

State of California, County of _____

On _____ before me, _____
Date Name of Notary/Witness

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under **Penalty of Perjury** under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

Witness my hand and official seal **or** authorized CalPERS representative signature.

Signature of Notary or CalPERS Representative Position Title Date (mm/dd/yyyy)

Print Name CalPERS Office (if applicable)

Your Retirement Application and Options

Supporting Documentation and Forms

- Justification for Absence of Spouse's or Domestic Partner's Signature
- Direct Deposit Authorization
- Copy of spouse or domestic partner birth certificate
- Copy of marriage certificate or certificate of domestic partnership

Your Retirement Application and Options

Contacting CalPERS

- Use the Ask CalPERS service on CalPERS On-Line
- Call **888 CalPERS** (or 888-225-7377)
- Correspond by mail
- Visit one of the CalPERS Regional Offices

Your Retirement Application and Options

- Follow us on Twitter: <http://twitter.com/CalPERS>
- Find us on Facebook: <http://facebook.com/myCalPERS>
- View Videos on YouTube:
<http://youtube.com/CalPERSNetwork>



Your Retirement Application and Options

CalPERS Regional Offices

Walnut Creek Regional Office

Sacramento Regional Office

San Jose Regional Office

Fresno Regional Office

Glendale Regional Office

Orange Regional Office

San Bernardino Regional Office

San Diego Regional Office



Your Retirement Application and Options

This concludes our presentation.

Thank you for attending!

Disclaimer: CalPERS is governed by the Public Employees' Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The information in this webinar is general and current as of the date recorded. The Retirement Law is complex and subject to change. If there is a conflict between the law and the information presented in this CalPERS webinar, any decisions will be based on the law.